

1 of 2

Dec 3, 2008

Honorable Robert L. Brann
United States Bankruptcy Court
Southern District of New York
One Bowling Green, Room 610
New York, New York 10004

Dear Honorable Robert L. Brann

I Sheryl Yvette Carter, enclosing copies of documents concerning my previous Attorney Todd Kine, & Brann & Associates letters, copies from, or concerning my Workers Compensation benefits, claims. As I continued being misled, misrepresentation, delay tactic, etc. Atty Todd Kine withdraw my claim, until it expires, I filed his. Then Brann & Associates contacted me, I filed that firm, then Brann & Associates had me sign a form giving them access to my Social Security file, which again I was misled, misrepresented, they never contacted my doctor, the claim was dismissed. 3/08, I was notified 10/24/08 after my Social Security Hearing. So I filed Brann & Associates then hired Michael Kewens who can not doing nothing at this point.

I don't know if my Workers Compensation is added in my claim. In your court, I tried several times to contact Ralph Attorney Kuetzman Career Consultants, he was directed to an answering several times, I left several messages. In the documents I received on 10/16/08, I read failure of the Rebers to pay their Workers Compensation obligations suppose to result in a draw down, the Rebers are authorized to pay all amounts related in Workers Compensation claims. I do not know if the amounts are

Log 2

included in my claim.

Also Honorable Robert S. Davis I did not
sign any papers giving up any of my rights.
I also hope that my other Attorney
Anthony Davis gave up all my notes including
the last one dated 5/06 through 12/15/06
Thank you.

Sincerely
M. Gary J. Carter

PS. There was my 1st Attorney who handled this
claim in Dayton Ohio, who I had to report to the
Bar Association on misrepresentation, and held
document that took 1 1/2 yrs to be denied.

Sincerely
M. Gary J. Carter



Ohio Bureau of Workers Compensation Detail

Access: REPRESENTATIVE
Selection: SSN SEARCH
Sub Selection: CLAIM STATUS
SSN: 06-888317

Date/Time Searched: 10/28/2008 02:39 PM

Ohio BWC Status: CONNECTED

☒ DISCONNECT

Claim Status

Claim #	06-888317	Claim Status	DISMISSED	Claim Type	LT-ACC-SI-COV
Injured Worker	CARTER, SHARYL Y			Injury Date	12-15-2006
Filing Date	01-10-2007	Statute of Lim.	12-16-2011	Change Over	
Status	ACTIVE	Status Date	12-15-2006	Handicap Pct.	0.0
Last Hearing		Last Medical Paid		Last Indemnity Paid	
Tot Amount Paid	\$0.00	Tot Medical Paid	\$0.00	Tot Indemnity Paid	\$0.00
Provider Contact		Inj Worker Contact		Employer Contact	
Medical Settled		Compensation Settled		Determination	03-05-2007
Last Updated	11-05-2007	MMI Date			

Selection Menu

SSN Search

Injured Worker

Injury Status

Payment Plan

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Ohio Bureau of Workers Compensation Detail

Access: REPRESENTATIVE
Selection: SSN SEARCH
Sub Selection: CLAIM STATUS
SSN: 04-826088

Date/Time Searched: 10/28/2008 02:39 PM

Ohio BWC Status: CONNECTED

☐ DISCONNECT

Claim Status

Claim #	04-826088	Claim Status	DISALLOWED	Claim Type	LT-ACC-SI-COV
Injured Worker	CARTER, SHARYL Y			Injury Date	04-27-2004
Filing Date	05-12-2004	Statute of Lim.	04-27-2014	Change Over	06-24-2004
Status	ACTIVE	Status Date	04-27-2004	Handicap Pct.	0.0
Last Hearing		Last Medical Paid		Last Indemnity Paid	
Tot Amount Paid	\$0.00	Tot Medical Paid	\$0.00	Tot Indemnity Paid	\$0.00
Provider Contact		Inj Worker Contact		Employer Contact	
Medical Settled		Compensation Settled		Determination	06-24-2004
Last Updated	09-14-2004	MMI Date			

Selection Menu

SSN Search

Injured Worker

Injury Status

Payment Plan

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Ohio Bureau of Workers Compensation Detail

Access: REPRESENTATIVE
Selection: SSN SEARCH
Sub Selection: CLAIM STATUS
SSN: 98-801409

Date/Time Searched: 10/28/2008 02:40 PM

Ohio BWC Status: CONNECTED

DISC

Claim Status

Claim #	98-801409	Claim Status	DISALLOWED	Claim Type	MO-ACC-SI-COV
Injured Worker	CARTER, SHARYL Y			Injury Date	03-01-1998
Filing Date	05-19-2003	Statute of Lim.	03-01-2004	Change Over	
Status	ACTIVE	Status Date	03-01-1998	Handicap Pct.	0.0
Last Hearing		Last Medical Paid		Last Indemnity Paid	
Tot Amount Paid	\$0.00	Tot Medical Paid	\$0.00	Tot Indemnity Paid	\$0.00
Provider Contact		Inj Worker Contact		Employer Contact	
Medical Settled		Compensation Settled		Determination	06-30-2003
Last Updated	04-28-2006	MMI Date			

Selection Menu

SSN Search

Injured Worker

Injury Status

Payment Plan



Ohio Bureau of Workers Compensation Detail

Access: REPRESENTATIVE
Selection: SSN SEARCH
SSN: 084-58-9353

Date/Time Searched: 10/28/2008 02:39 PM

Ohio BWC Status: CONNECTED

☐ DISCONNECT

Social Security Search

Click the circle next to the Claim Number and then click on the appropriate Sub Request.

CLAIM #	INJURED WORKER	DATE OF INJURY	ARCHIVED	SOURCE	STATUS
<input type="radio"/> 98-801409	SHARYL Y CARTER	03/01/1998			
<input type="radio"/> 06-888317	SHARYL Y CARTER	12/15/2006			
<input type="radio"/> 04-826088	SHARYL Y CARTER	04/27/2004			

Selection Menu

Claim Location

Claim Status

Injured Worker

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Your self-insured employer information and BWC claim number are listed on the attached cards. You are responsible for communicating any claim information to your employer and for advising medical providers that your claim is self-insured.

I wish you a safe, quick recovery and return to work.

Sincerely,

William E. Mabe

William E. Mabe, Administrator/CEO

CC: STEPHANIE M FRONISTA-WARD MD

Please detach one card to carry with you and keep the second card for your records.

BWC IDENTIFICATION CARD

INJURED WORKER: SHARYL Y CARTER

CLAIM NUMBER: 06-888317 SI

INJURY DATE: 12/15/2006

EMPLOYER: DELPHI AUTOMOTIVE SYST

PHONE NUMBER: _____

EMPLOYER REP: SEDGWICK CLAIMS MANAGEM

PHONE NUMBER: (614) 485-3001

BWC SELF-INSURED DEPARTMENT

(800) 644-6292

BWC Use Only
05/08/05